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U.S. Patent and Trademark Office

From: Chris Vo

Date: 08/10/2004

Re: PRELIMINARY AMENDMENT

Pages: 10 page (including this one)

☒ Urgent

☐ For Review

☐ Please Comment

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RE: PRELIMINARY AMENDMENT

Attorney Docket No.:
Application No.:
Filing Date:
Inventor(s):
Entitled:

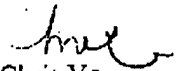
Fern-P013
10/616,682
08/22/2003
Fernandez, Dennis S.
**Integrated Biosensor and Simulation System for Diagnosis
and Therapy**

Dear Sirs:

Applicant respectfully submits a preliminary amendment for the above-referenced non-provisional patent application filed with the U.S. Patent and Trademark Office on the date indicated above.

If you have any questions regarding the amendment, please call me directly at (650) 325-4999.

Sincerely yours,


Chris Vo
Legal Assistant

Certificate of Mailing By "U.S. Express Mail" Under 37 C.F.R. 1.10(e)
 "EXPRESS MAIL" Mailing Label Number: EV 389014338 US Date of Deposit: 8/10/04
 I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE
 TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner For
 Patents, Washington, DC 20231.
 Name: Chris Vo
[Signature] 8/10/04
 Signature Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Fernandez, Dennis S.

Attorney Docket No.: FERN-P013

Serial No.: 10/646,682

Examiner: Not yet assigned

Filed: 08/22/2003

Art Unit: Not yet assigned

For: Integrated Biosensor and Simulation System for Diagnosis and Therapy

Mail Stop Amendment

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 7 pages.
- ☐ b. Substituted Formal Drawings: _____ sheets.
- ☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
- ☐ d. An Information Disclosure Statement under 37 CFR 1.97(b) ☒ 1.97(e)
- ☒ e. A stamped, self-addressed, return postcard.
- ☐ f. A Check (# _____) for \$ _____ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
- ☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F.R. 1.136 for the total number of months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d)).

Extension of Time	Large Entity Fee	Small Entity Fee
i. One (1) month.	\$ 110.00	\$ 55.00
ii. Two (2) month.	\$ 410.00	\$ 205.00
iii. Three (3) month.	\$ 930.00	\$ 465.00
iv. Four (4) month.	\$ 1,450.00	\$ 725.00
v. Five (5) month.	\$ 1,970.00	\$ 985.00

Extension Time Fee Total: 00

- ☒ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time.

DOCKETED
DATE 8/10/04 W

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	20	- 20 =	0	x \$ 18.00 Large Entity x \$ 9.00 Small Entity	\$.00
b. Independent Claims	3	- 3 =	0	x \$ 84.00 Large Entity x \$ 42.00 Small Entity	\$.00
c. Multiple Dependent Claims Added By This Amendment				x 280.00 Large Entity x 140.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$.00
e. Additional Fees Required With This Correspondence i) 1.17(a) Fee for Information Disclosure under 1.97(c)					\$.00
e. Total Fees					\$.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No: 500482. A duplicate copy of this authorization is enclosed

_____ A Check # _____ for \$ _____ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

☒ Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

Please direct all correspondence concerning the above-identified application to the following address:

FERNANDEZ AND ASSOCIATES, LLP

Patent Attorneys

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Menlo Park, CA 94026-6204

Phone: (650) 325-4999

Fax: (650) 325-1203

Respectfully submitted,



DENNIS S. FERNANDEZ
Registration No. 34,160

8/10/04

Date